



**Report to the Legislature**

## **Community Juvenile Accountability Act**

**Chapter 338, Laws of 1997  
RCW 13.40.540**

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# Community Juvenile Accountability Act (CJAA)

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# Community Juvenile Accountability Act (CJAA)

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## Background

RCW 13.40.540 requires the Juvenile Rehabilitation Administration (JRA) to report annually on the implementation of the Community Juvenile Accountability Act (CJAA). Specifically, the statute directs JRA to report on the programs funded under the Community Juvenile Accountability Act, the total cost for each funded program, cost per juvenile, and the essential elements of the program. This report is in fulfillment of that requirement and covers the period from July 1, 2004, through September 30, 2005.

The CJAA was included in Chapter 338, Laws of 1997, as an incentive to local communities to implement interventions proven by behavioral science research to cost-effectively reduce recidivism among juvenile offenders. The Act's primary purpose is to:

*“provide a continuum of community-based programs that emphasize a juvenile offender’s accountability for his or her actions while assisting him or her in the development of skills necessary to function effectively and positively in the community in a manner consistent with public safety.” (RCW 13.40.500)*

Drawing on program evaluations and meta-analysis, the Washington State Institute for Public Policy (WSIPP), in collaboration with the Washington Association of Juvenile Court Administrators (WAJCA) and JRA, identified a range of effective approaches that could cost-effectively reduce juvenile offender recidivism. Four of these approaches were ultimately chosen for implementation in Washington State. They are:

- Multi-Systemic Therapy (MST)
- Functional Family Therapy (FFT)
- Aggression Replacement Training (ART)
- Coordination of Services (CS)

Descriptions of these CJAA programs can be found in the *Report and Recommendations of the CJAA Workgroup*, November 1997. Two other programs (Mentoring and Dialectical Behavior Therapy) are currently under evaluation and considered to be “Promising Programs,” though Dialectical Behavior Therapy has been limited to residential treatment programs in JRA.

At the direction of the Legislature, the Institute completed a comprehensive evaluation of all CJAA programs. Analysis of program and control groups occurred at six, twelve, and eighteen months (preliminary information was released on ART in June 2002 and on FFT in August 2002). In January 2004, WSIPP released their final report, *Outcome Evaluation of Washington State’s Research-Based Programs for Juvenile Offenders* and their data reflected the CJAA program’s positive impact on felony recidivism. The report also provides data on the cost-effectiveness as well as competent versus non-competent delivery of each CJAA program. To read the full report, please visit the Institute’s website at [www.wsipp.wa.gov](http://www.wsipp.wa.gov).

## Quality Assurance to Maintain Rigorous Program Standards

CJAA represents the first ongoing effort in the nation to replicate effective interventions on a statewide basis. To ensure program integrity, to meet evaluation standards, and to continuously identify and resolve program issues ART, FFT, and MST have mandatory quality assurance measures.

WSIPP, in their October 2002 report *The Juvenile Justice System in Washington State: Recommendations To Improve Cost-Effectiveness*, referenced interim outcome results and concluded that CJAA research-based programs work, but only when implemented competently. The report further recommended an improved form of quality control in order to ensure cost beneficial reductions in recidivism. Following this recommendation, JRA in consultation with WSIPP and the CJAA Advisory Committee, developed an enhanced quality assurance process which is further explained in the Aggression Replacement Training and Functional Family Therapy sections of this report.

In December 2003, WSIPP published a *Quality Control Standard: Washington State Research-Based Juvenile Offender Programs*, which details recommendations for the quality assurance plans for research-based interventions. The enhanced quality assurance plans for the CJAA projects are in compliance with the recommended standards detailed in the Institute's report. Additional data has been added to the quality assurance sections of the report to meet the recommendations from that report.

## Aggression Replacement Training (ART)

### ART Quality Assurance

ART is a cognitive-behavioral intervention that is delivered three times per week over a ten-week period to groups of eight to ten juveniles. To effectively implement ART in Washington State, motivators were developed to encourage at-risk youth to attend three groups per week for ten weeks. While there is research on the effectiveness of ART, there was no blueprint for statewide implementation. In Washington State, ART has now been implemented statewide.

As of June 2005, 725 court and contracted staff from 29 juvenile court jurisdictions attended training sessions for ART. Christopher Hayes, a contracted in-state ART expert, and a statewide Quality Assurance (QA) group with representatives from each county advise on the curriculum, training, and implementation. The ART Quality Assurance process was redefined in March 2003 in order to enhance the level of review and feedback that is available to local trainers across the state. This process for additional feedback has been in effect for this reporting period and is making a difference in the quality of the delivery of programs across the state.

A primary component of this recent QA enhancement is the addition of consultants that work with the trainers from each program on a monthly basis, providing technical assistance and consultation related to model adherence. Four site consultants provide phone consultation to teams of trainers who deliver the intervention across multiple courts in relatively close geographic locations. Additionally, the consultants review video tapes of active trainers delivering the intervention. Each active trainer is required to be taped annually delivering each

of the three program components. As with the FFT quality assurance, this enhancement is primarily motivated by the WSIPP findings regarding the critical nature of program fidelity and model adherence for the achievement of outcomes, which was further supported in the final outcome evaluation.

Under this plan, a full time statewide Quality Assurance Specialist oversees the program which attained the following significant results for the year:

- 60 trainers delivered the intervention.
- 104 new staff were trained.
- 86 percent of the practicing trainers received an annual review.
- Trainers achieved a statewide average rating of Competent (delivers the intervention well).
- 66 percent were rated Competent, 25 percent were rated as Highly Competent, and 9 percent of program trainers were rated as Not Competent.
- 3 trainers received a corrective action plan (Formal Improvement Plan).
- 2 trainers are currently on formal corrective action plans and one trainer failed to complete their corrective action plan and is no longer delivering the intervention.
- 25 of 29 program site assessments were completed. Each site had a satisfactory review, with technical assistance feedback provided to several programs.

Additional significant accomplishments for this program are:

- The implementation of monthly consultation telephone calls.
- The development of standard assessments and points system to assess adherence. Measure scales have been developed and are in the testing process to develop cutoff scores for competency ratings.
- The state ART Quality Assurance Specialist provided technical assistance to the states of Oregon and Alaska as they began adopting ART on a statewide basis.
- The development of an expanded ART training curriculum for Washington State, giving the state the capacity to train its own new ART facilitators.
- The certification of 12 ART Master Facilitators further enhanced Washington's ability to sustain the intervention. During this year, three of the twelve master trainers have retired and one new trainer is going through the certification process.

- The development of a supplemental parent curriculum—the parents of participating youth are taught ART skills in a separate class during the same 10 weeks the youth are in class. Counties are using this curriculum across the state as funding allows.
- The development of a self-paced curriculum for youth who receive ART as a follow-up aftercare program to the initial 10-week class.
- The development of a 12-week curriculum that is provided to youth who are participating in Intensive Outpatient Drug and Alcohol Treatment. The curriculum was developed and implemented as a result of a cooperative effort by the Snohomish County Juvenile Court and the Northwest Alternatives treatment program.
- The addition of 11 moral reasoning problems to the 10-week curriculum menu.
- The collaboration of juvenile courts with local schools to provide ART classes to probation youth at school sites. This partnership reduces the need for transportation to ART classes.
- The development of an enhanced Quality Assurance Plan which is intended to improve model adherence and competent program delivery, ultimately improving program outcomes.
- Implementation and development of teams and contracted site consultants to further improve model fidelity.
- Development of ART program capacity across 30 juvenile courts.
- An enhanced self-assessment process, which is used by the active ART trainers.
- The development of an environmental assessment, used by the Statewide Quality Assurance Specialist during program reviews, to assess the court's culture regarding the support of ART.

Traits of counties that retain youth in ART include:

- ART facilitators who are enthusiastic and able to motivate youth.
- Court administrators, judges, prosecutors, and public defenders who are actively interested in and participate in ART programs.
- Parent participation in ART classes.
- Strong incentive programs to reward youth for positive participation in ART.
- Strong formal and informal communication between ART facilitators and probation officers regarding ART youth.

- For counties who use probation officers as ART facilitators, a reduction in work activities commensurate with the time it takes to effectively facilitate ART groups, or overtime pay for working beyond a 40-hour week to facilitate ART groups.
- Probation staff knowledge and support of the program through accountability and reinforcement of youth participation.

### **ART Results**

From July 1, 2004, through May 31, 2005, juvenile courts have reported the following results:

- A total of 2,064 moderate-to-high risk probation youth have been referred to ART groups in 29 juvenile court jurisdictions across Washington State.
- Of these 2,064 referred youth, 1,295 participated in an ART group. Of these 1,295 youth who participated, 763 have completed an ART group and 184 youth were still involved (a 73 percent completion rate) in the program as of May 31, 2005.
- Of these 1,295 participating youth, 348 did not successfully complete an ART group. Reasons for non-successful completion include but are not limited to: absconding from probation, removal because of noncompliance, transportation barriers, moving from the area, and refusal to attend despite court sanctions. Work will continue in an effort to identify system changes that may increase the completion rate.

## **Functional Family Therapy (FFT)**

### **FFT Quality Assurance**

FFT, a family-based service, is conducted for an average of 16 weeks. The program emphasizes engaging and motivating families in order to achieve specific, obtainable changes related to repeat criminal behavior.

WSIPP completed research on FFT in January 2004. This research examined FFT as provided in Washington to determine if it cost effectively reduced repeat criminal behavior. The report indicated that when FFT was provided with fidelity, a 38 percent reduction in recidivism was accomplished. The full report can be found at their website: [www.wsipp.wa.gov](http://www.wsipp.wa.gov). These results add further emphasis to the recent efforts to provide greater quality control to the FFT program.

Twenty-six juvenile courts across Washington State provide FFT as a CJAA program. The sites are demographically diverse and are located in cities, remote/rural areas, and regions centered on medium-sized communities. FFT therapists are either juvenile court service employees or contracted service providers. In nine of the sites, a single FFT therapist works on his or her own.

With the ongoing needs of a large scale multi-site implementation, JRA provides statewide oversight of training and program fidelity for FFT. Recently Dr. Tom Sexton (Indiana University), an experienced FFT clinician and principal researcher, collaborated with JRA and the juvenile courts to implement a new quality assurance and quality improvement plan. FFT

therapists receive on-going clinical consultation, mutual support and accountability from trained FFT consultants in Washington State. The Washington model has become the consultation model nationwide and is even being used by FFT providers in the Netherlands.

Currently, 48 FFT therapists are divided into 8 “working units” consisting of 3 to 8 therapists each. Working units are geographically proximate and attempt, where possible, to organize therapists into groups with similar client needs.

FFT therapists receive on-going training on the practical application of this complicated intervention. Through biweekly clinical consultations and training sessions, Washington FFT clinical consultants and contracted FFT experts assess Washington State therapists for clinical competence and adherence to the FFT model. Assessments provide the therapists with ongoing feedback that will ultimately improve services.

The quality assurance process was enhanced in October 2003. The goal of the enhancements is improved model fidelity. The quality assurance plan, developed by JRA in coordination with WSIPP, Dr. Tom Sexton, and WAJCA, has been in place since October 2003. Under this plan, a full-time statewide Quality Assurance Administrator oversees the program which attained the following significant results for the year:

- 48 therapists delivered the intervention.
- 6 new therapists were trained.
- 100 percent of the practicing therapists received an annual review.
- Therapists achieved a statewide average rating of Competent (delivers the intervention well).
- 22 percent were rated as Fairly Well (Not Competent), 45 percent were rated as Competent, 27 percent were rated as Highly Competent, and 6 percent of program therapists were rated as Not Well (Not Competent).
- 14 therapists received a corrective action plan (Formal Improvement Plan).
- 9 therapists received a corrective action plan and completed the requirements for the plan.

Additional significant accomplishments for this year are:

- The addition of two juvenile courts to the FFT project.
- The implementation of an Environmental Assessment, used by the Statewide Quality Assurance Administrator during program reviews, to assess the court’s culture regarding the support of FFT.



- The development and implementation of a training curriculum to educate juvenile probation counselors about how to work with FFT therapists to improve outcomes for youth and families

### **FFT Results**

From July 1, 2004, through May 31, 2005, the juvenile courts reported the following results:

- 18 court and contracted FFT therapists have received initial and on-going training in the FFT model.
- 1,246 moderate-to-high risk probation youth with risk factors in their current living situation were referred to FFT therapists.
- 613 families participated in the FFT intervention; with 351 families successfully completing (an 88 percent completions rate) and 191 still involved in FFT as of May 31, 2005.
- 71 families did not successfully complete FFT. Reasons for not completing are varied and can include families moving from the area, families refusing treatment, and families participating in other treatment.

## **Multi-Systemic Therapy (MST)**

### **MST Quality Assurance**

MST is a family intervention that is conducted for an average of four months. The intervention targets specific factors around youth and their environment that contribute to anti-social behavior. It is typically provided in the home and the therapists, who have very small caseloads, are available 24 hours a day, 7 days a week. CJAA is currently funding two sites in both King and Yakima counties.

Close oversight of MST implementation is being conducted by MST Services of South Carolina. The first two years of training and consultation were provided through the Center for the Study and Prevention of Violence (University of Colorado) through a grant from the U.S. Department of Justice Office of Juvenile Justice and Delinquency Prevention. Initial and ongoing training, site visits, and on-going clinical consultation are provided by MST Services and are partially subcontracted out to the University of Washington. Ongoing training and consultation from MST services is now paid with CJAA funds.

MST teams are organized around a Ph.D. who has on-site clinical oversight of a group of Masters level therapists. Clinical consultation is received on a weekly basis from MST Services.

### **MST Results**

From July 1, 2004, through May 31, 2005, King County and Yakima County juvenile courts reported the following results:

- 91 moderate-to-high risk probation youth with risk factors in their current living situation were referred to MST therapists.
- 49 youth and families participated in the program with 31 families completing the MST intervention; 18 families were still involved in MST as of May 31, 2005.

### **Coordination of Services**

Three juvenile courts are currently using this intervention: Snohomish County, Whatcom County, and Cowlitz County. Snohomish County previously implemented the program with federal Juvenile Accountability Incentive Block Grant funds matched with CJAA funds until federal funding was discontinued at the end of FY 2002.

From July 1, 2004, to May 31, 2005, 361 youth were referred to this program with 252 youth participating in the program. Of the 252 participants, 223 youth completed with 29 youth still in the program.

### **CJAA Program Costs**

At the beginning of each year, the courts estimate the average cost per youth in each CJAA program. During this year, the estimated average cost per youth was:

- Aggression Replacement Training \$ 800.00
- Functional Family Therapy \$2,141.00
- Multi-Systemic Therapy \$5,500.00
- Coordination of Services \$ 191.00

As of May 2005, the total program costs to the CJAA program as well as the number of youth served in each program are:

<b>Program</b>	<b>Total Program Costs*</b>	<b>Total Number of Participants Served</b>
Aggression Replacement Training	\$1,035,954	1,295
Functional Family Therapy	\$1,312,312	613
Multi-Systemic Therapy	\$245,300	49
Coordination of Services	\$48,044	252

*\*Please note the total program costs reflect only those reimbursed by JRA through July 15, 2005, and also include \$291,500 for Quality Assurance programming. Total program costs only reflect CJAA funds. Juvenile courts use other funds to support ART, FFT, MST, and Coordination of Services.*

## **Tribal CJAA Programs**

In September 1999, JRA initiated discussions with the Department of Social and Health Services' Indian Policy Advisory Committee to implement elements of effective juvenile justice programs for tribal youth.

JRA continues to provide grant funds to federally recognized tribes and four Native American urban organizations. Each federally recognized tribe was allotted \$9,233 to implement programs with research-based components. Twenty-eight tribes and four Native American urban organizations were eligible for funds. Sixteen tribes applied for and received CJAA funding. It is estimated that 420 Native American youth, involved with tribal or county juvenile court programs, will be served in these projects. JRA has earmarked funding for the next fiscal year to continue to fund research-based tribal programs.

## **Appendix**

### **Juvenile Rehabilitation Administration List of Acronyms and Terms**

- **ACA:** American Correctional Association. A national association that develops standards for correctional facilities, jails, and detention facilities.
- **ART:** Aggression Replacement Training. A Cognitive Behavior Therapy program using skill building that has been rigorously evaluated and reduces recidivism with juvenile offenders.
- **ARY:** At-Risk Youth. A petition that may be filed to obtain assistance and support from the juvenile court in maintaining the care, custody, and control of the child and to assist in the resolution of family conflict.
- **BTC:** Basic Training Camp (Camp Outlook). The Juvenile Offender Basic Training Camp administered by the Juvenile Rehabilitation Administration and located near Connell.
- **CA:** Children's Administration. An administration within the Department of Social and Health Services.
- **CBT:** Cognitive Behavior Therapy. A wide ranging treatment approach using behavioral and cognitive change strategies that in evaluations has been effective in reducing recidivism.
- **CCDA:** Community Commitment Disposition Alternative. A sentencing alternative offered through the juvenile courts.
- **CDDA:** Chemical Dependency Disposition Alternative. A program giving youth with chemical and substance abuse issues a disposition alternative in the community offered through the juvenile courts.
- **CF:** Community Facility. JRA's minimum security facilities which are state operated or privately run through a contract with JRA.
- **CHINS:** Child In Need of Services. A petition that may be filed to obtain a court order mandating placement of the child in a residence other than the home of his/her parent because a serious conflict exists between the parent and child that cannot be resolved by delivery of services to the family during continued placement of the child in the parental home.
- **CJAA:** Community Juvenile Accountability Act. State-funded program that supports evidence-based treatment for youth on probation in the juvenile courts.
- **CJCA:** Council of Juvenile Correctional Administrators. A national association of juvenile justice administrators.

- **CJS:** Consolidated Juvenile Services at risk. A program that provides funds to local juvenile courts for the purpose of serving youth on probation.
- **CRA:** Community Risk Assessment. A tool used by JRA to determine eligibility for a youth's placement in the boot camp or a community facility.
- **DASA:** Division of Alcohol and Substance Abuse. A division within the DSHS Health and Rehabilitative Services Administration.
- **DBT:** Dialectical Behavior Therapy. An empirically supported type of CBT that reduces maladaptive behaviors and recidivism with juvenile offenders.
- **Detention Facility:** A secure facility operated by juvenile courts to house youth for fewer than 30 days.
- **Diversion:** An alternative to formal court processing available to some youth who have committed certain offenses for the first or second time.
- **DOSA:** Drug Offender Sentencing Alternative. The adult drug offender sentencing alternative similar to the juvenile CDDA program.
- **DSHS:** Department of Social and Health Services.
- **EBP:** Evidence-Based Program. A program that has been rigorously evaluated and has shown effectiveness at addressing particular outcomes such as reduced crime, child abuse and neglect, or substance abuse. These programs often have a cost benefit to taxpayers.
- **EGCC:** Echo Glen Children's Center. A Juvenile Rehabilitation Administration residential facility located in Snoqualmie most females with mental health and other medical needs and younger males.
- **FFP:** Functional Family Parole. A parole model, delivered by parole counselors that is based on the Functional Family Therapy approach, an evidence-based model for reducing juvenile recidivism.
- **FFT:** Functional Family Therapy. An evidence-based family treatment model that reduces recidivism by juvenile offenders.
- **FIT:** Family Integration Transitions program. A version of Multi-Systemic Therapy that is an evidence-based family intervention model used by JRA to treat youth with co-occurring disorders.
- **GHS:** Green Hill School. A Juvenile Rehabilitation Administration residential facility located in Chehalis serving older males.

- **IAP:** Intensive Aftercare Program. A nationally recognized evidence-based model of transition and reentry for high-risk juvenile offenders.
- **IP:** Intensive Parole. The JRA model of IAP.
- **ISCA:** Initial Security Classification Assessment. The JRA's validated risk tool for determining in which facility to place a youth committed to state care.
- **ITM:** Integrated Treatment Model. JRA's rehabilitation model using CBT/DBT interventions for residential youth followed by FFP for community youth.
- **JRA:** Juvenile Rehabilitation Administration. The Department of Social and Health Services administration responsible for the rehabilitation of court-committed juvenile offenders.
- **JVIP:** Juvenile Vocational Industries Program. A program that provides JRA youth opportunities for vocational training and jobs within a JRA facility.
- **MHDA:** Mental Health Disposition Alternative. A disposition alternative offered through the juvenile courts.
- **MHSD:** Mental Health Systems Design. A JRA committee that reviewed the mental health needs of youth in JRA.
- **MHTP:** Mental Health Target Population. A subset of JRA's population composed of youth that meet at least one of three criteria:
  - (1) A current DSM-IV Axis I diagnosis, excluding those youth who have a sole diagnosis of Conduct Disorder, Oppositional Defiant Disorder, Pedophilia, Paraphilia, or Chemical Dependency;
  - OR
  - (2) Is currently prescribed psychotropic medication;
  - OR
  - (3) Has demonstrated suicidal behavior within the last six months.
- **MI:** Manifest Injustice: A term that refers to a decision to sentence a youth to a term of confinement outside the standard range set by statute.
- **MLS:** Maple Lane School. A JRA residential facility located near Centralia serving older males.
- **MST:** Multi-Systemic Therapy. An evidence-based family treatment model that reduces juvenile offender recidivism.
- **NCCHC:** National Council on Correctional Health Care. The organization that sets the national standards for health care followed by JRA.

- **NYC:** Naselle Youth Camp. A JRA residential facility located near Naselle serving medium security male and female youth.
- **Revocation:** A short term of confinement imposed by JRA on youth under parole supervision for violations of their parole condition(s). Each term of revocation may be no longer than 30 days.
- **RTCP:** Residential Treatment and Care Program. A JRA program for minimum security youth that is based on the “*Blueprint Program*” Multi-Dimensional Treatment Foster Care.
- **SAVY:** Sexually Aggressive/Vulnerable Youth screen. A screening tool used by JRA to identify youth with a history of sexual aggression or sexual vulnerability. The screening tool is used to determine youth suitability for shared sleeping facilities.
- **SAY:** Sexually Aggressive Youth.
- **SDA:** Suspended Disposition Alternative. A disposition alternative offered through the juvenile courts.
- **SSODA:** Special Sex Offender Disposition Alternative. A disposition alternative offered through the juvenile courts for juvenile sex offenders.
- **SSOSA:** Special Sex Offender Sentencing Alternative. A disposition alternative for adult sex offenders.
- **WAJCA:** Washington Association of Juvenile Court Administrators.
- **WSIPP:** Washington State Institute for Public Policy.
- **YOP:** Youthful Offender Program. A program to serve individuals under 18 who were prosecuted as adults. These individuals are may be housed in JRA facilities.